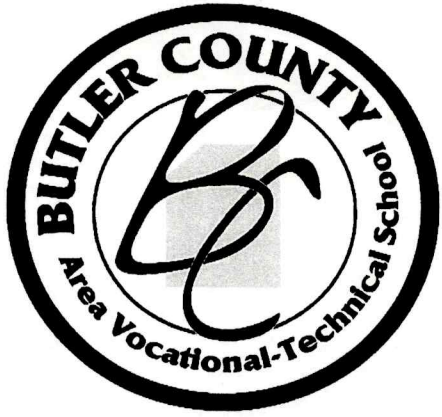




Health Assistant - B

Flexible Instruction Day

Assignment #1

Learning Standard	Health/Medical Assisting Services, Other CIP 51.0899
Task # & Description	#833 Perform methods of collection, special handling and labeling of specimens #839 Perform techniques for positioning client (assist with exam)

CONTACT INFORMATION/ASSISTANCE

Instructor Name & E-mail:

Tami Bruni RN, Health Assistant Instructor: brunit@butlertec.us

I will be available by email and the Remind app from 7:40-12, and 12:30-3:10 to answer your questions. Please reach out if you are having difficulty completing your assignments.

INSTRUCTIONS

✓ All work is due on the day we return to school. This is counted towards your attendance **and** as a classroom assignment.

1. Complete reading of Section 21:4 Assisting with Physical Exam
2. Complete reading of Procedures 21:4 A, 21.4 B and 24.1C
3. Highlight specific positioning and specimens to collect in Procedures
4. Complete 21.4 worksheet

Name: _____

Session: _____

____ / 100 points

21:3 (CONT.)

- d. Show the patient all of the plates. Record the number of plates the patient identifies correctly.
 - e. Ask the patient to cover the right eye with an occluder and then to identify the numbers on the plates. Record the number of plates the patient identifies correctly with the left eye.
 - f. Ask the patient to cover the left eye with an occluder and then to identify the numbers on the plates. Record the number of plates the patient identifies correctly with the right eye.
 - g. Report any frame that the patient misses. This allows the physician to determine which type of color blindness the patient has.
13. Thank the patient for being cooperative.
NOTE: These are only screening tests. Unfavorable results indicate the need for additional testing or referral to an eye specialist.
 14. Clean and replace all equipment. If the eye shield is not disposable, wash it thoroughly and clean it with a disinfectant solution.
 15. Wash hands.

16.



Comm

Record all required information on the patient's chart or enter it into the computer. For example: date; time; vision screening with Snellen chart: OU 20/30, OD 20/40, OS 20/30; Jaeger card: OU #3 (0.62m), OD #3 (0.62m), OS #5 (1.00m); Ishihara plates: 10 plates correct for OU, OD, and OS; and your signature and title.



Technology

NOTE: In health care agencies using electronic medical records (EMRs), also known as electronic health records (EHRs), the information is entered directly into the patient's record on a computer.

PRACTICE: Go to the workbook and use the evaluation sheet for 21:3, Screening for Vision Problems, to practice this procedure. When you believe you have mastered this skill, sign the sheet and give it to your instructor for further action.



Check

FINAL CHECKPOINT: Using the criteria listed on the evaluation sheet, your instructor will grade your performance.

21:4 Assisting with Physical Examinations

A large variety of physical examinations are performed. The methods used and the equipment available vary from physician to physician. However, there are some basic principles that apply to all examinations.

Three major kinds of examinations are:

- **EENT:** This is an eye, ear, nose, and throat examination. Special equipment should be available to examine these areas of the body.
- **GYN:** This is an examination of the female reproductive organs; that is, a gynecological examination. The physician usually examines the vagina, cervix, and other pelvic organs as well as the breasts. A Pap, or Papanicolaou, test frequently is done to detect cancer of the cervix or reproductive organs.

- **General, or complete, physical:** All areas of the body are examined. Blood and urine tests frequently are done. Radiographs and an electrocardiogram (ECG) may also be part of the examination. An EENT and/or GYN examination may be performed. Necessary equipment and tests are determined by the physician performing the examination.

Four main techniques used during the examination are observation, palpation, percussion, and auscultation.

- **Observation (inspection):** The physician looks at the patient carefully to observe things such as skin color, rash, growths, swelling, scars, deformities, body movements, condition of hair and nails, and general appearance (Figure 21-24).
- **Palpation:** The physician uses the hands and fingers to feel various parts of the body (Figure 21-25). The physician can determine whether a part of the body is enlarged, hard, out of place, or painful to the touch.



FIGURE 21-24 The physician uses observation to inspect the body for signs of disease. Copyright © Cengage Learning®. All Rights Reserved.

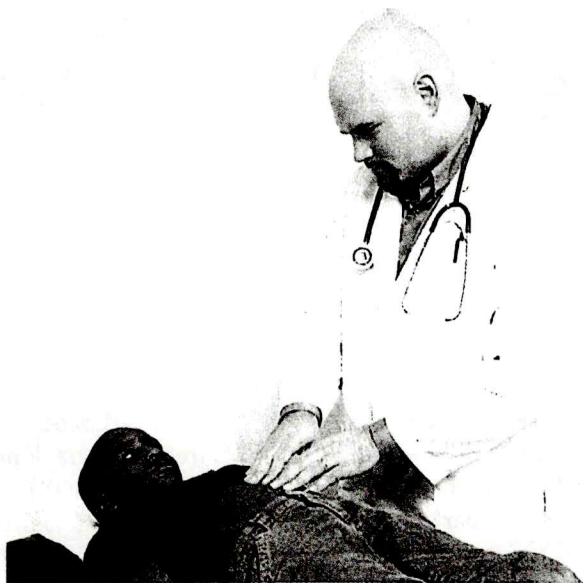


FIGURE 21-25 For palpation, the physician uses the hands and fingers to feel various parts of the body. Copyright © Cengage Learning®. All Rights Reserved.

- **Percussion:** The physician taps and listens for sounds coming from various body organs (Figure 21-26). The physician may place one or several fingers of one hand on a part of the body, then use the fingers of the other hand to tap the body part. The sounds emitted allow a trained individual to determine the size, density, and position of underlying organs.
- **Auscultation:** The physician listens to sounds coming from within the patient's body (Figure 21-27).

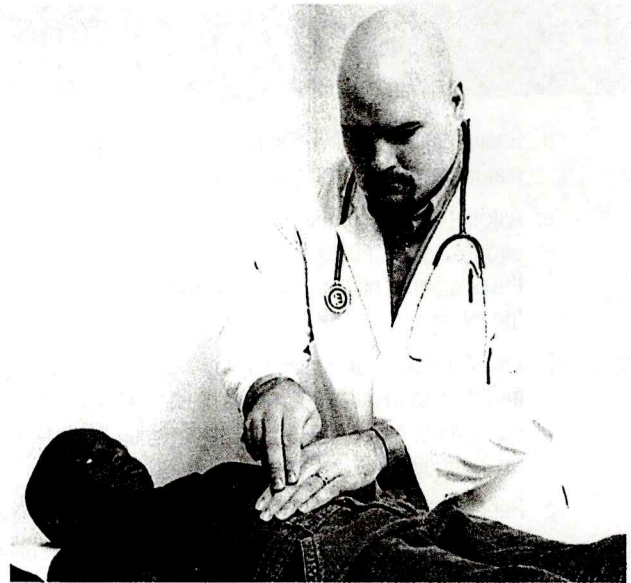


FIGURE 21-26 Percussion involves tapping on body parts and listening to sounds coming from body organs. Copyright © Cengage Learning®. All Rights Reserved.

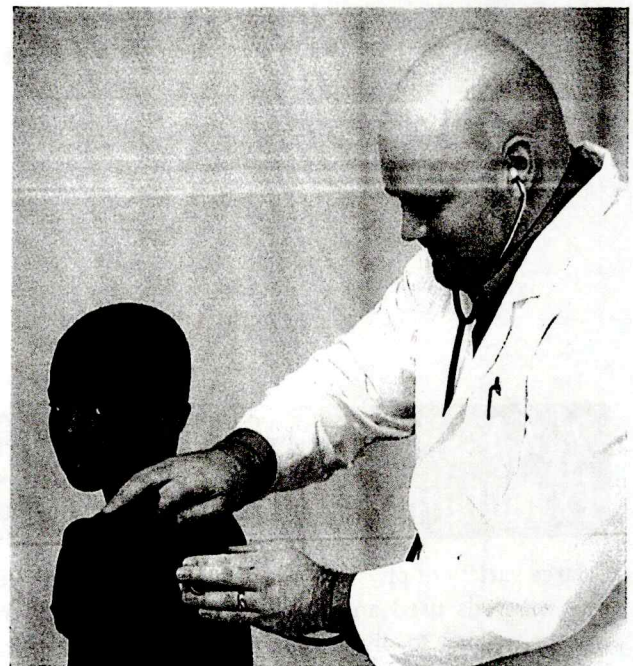


FIGURE 21-27 The physician is using a stethoscope and auscultation to listen to posterior lung and heart sounds. Copyright © Cengage Learning®. All Rights Reserved.

A stethoscope is used in most cases. The physician listens to sounds produced by the heart, lungs, intestines, and other body organs.

All necessary equipment should be assembled prior to the examination. The equipment needed will vary depending on the body areas to be examined. Try to anticipate

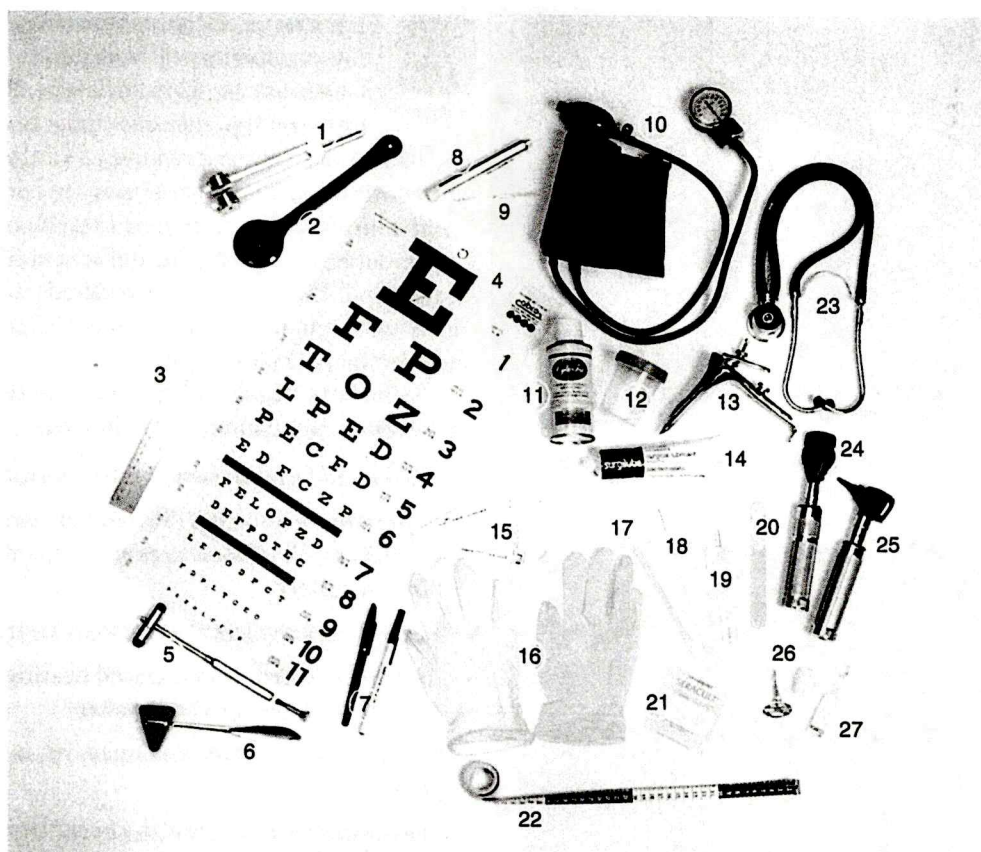


FIGURE 21-28 Instruments and equipment for physical examinations: 1. Tuning fork. 2. Visual occluder. 3. Ruler. 4. Visual acuity chart. 5. Reflex hammer with brush. 6. Percussion hammer. 7. Pen and marking pen. 8. Penlight. 9. Thermometer. 10. Sphygmomanometer. 11. Slide and fixative. 12. Specimen cup. 13. Vaginal speculum. 14. Lubricant. 15. Goniometer to measure angles. 16. Gloves. 17. Cervical spatula (Ayer blade). 18. Cervical brush (cytobrush). 19. Cotton-tip applicator. 20. Tongue depressor. 21. Guaiac material for fecal occult blood. 22. Tape measure. 23. Stethoscope. 24. Ophthalmoscope. 25. Otoscope. 26. Neurological examination key and cotton ball. 27. Sterile needle. Copyright © Cengage Learning®. All Rights Reserved.

what the physician will need, and assemble the items for convenient use. Some of the equipment and instruments used for different examinations (Figure 21-28) include:

- **Cervical spatula (Ayer blade):** a wooden or plastic blade used to scrape cells from the cervix, or lower part of the uterus; it is usually a part of a Pap kit that also contains slides, swabs, and a cytology brush; used to perform a Pap test to check for cancer of the cervix
- **Laryngeal mirror:** an instrument with a mirror at one end; used to examine the larynx, or voice box, in the throat
- **Ophthalmoscope:** a lighted instrument used to examine the eyes (Figure 21-29)
- **Otoscope:** a lighted instrument used to examine the ears (Figure 21-30A and B)
- **Percussion (reflex) hammer:** an instrument used to test tendon reflexes
- **Sigmoidoscope:** a lighted instrument used to examine the sigmoid colon, or inside of the lower part



FIGURE 21-29 An ophthalmoscope is used to examine the patient's eye. Copyright © Cengage Learning®. All Rights Reserved.

of the large intestine; used during sigmoidoscopic examinations

- **Speculum:** an instrument used to examine internal canals of the body; a nasal speculum is used to examine the nose; a vaginal speculum is used to examine

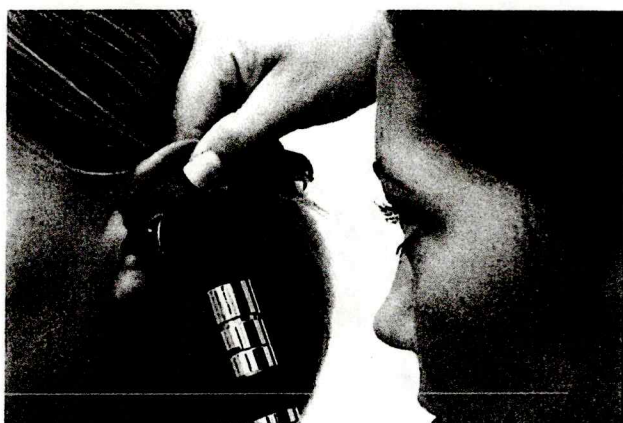


FIGURE 21-30A An otoscope is used to examine the interior of the patient's ear. Copyright © Cengage Learning®. All Rights Reserved.



FIGURE 21-30B An otoscopic examination may reveal a bulging tympanic membrane, a sign of otitis media or middle ear infection.

Courtesy of Bruce Black, MD, Brisbane, Australia

the vagina; a rectal speculum is used to examine the rectum

- **Sphygmomanometer:** an instrument used to measure blood pressure
- **Stethoscope:** an instrument used for listening to internal body sounds
- **Tongue blade/depressor:** a wood or plastic stick used to depress, or hold down, the tongue so that the throat can be examined
- **Tuning fork:** an instrument with two prongs that is used to test hearing acuity



Comm

Preparation of the patient must include carefully explaining all procedures. Thorough explanations can help alleviate some fear. Patients often are apprehensive and need reassurance. The patient usually must remove all clothing and put on an examining gown. It is important to tell the patient to void before the examination so that the bladder will be empty and internal organs in the area of the bladder can be palpated. If a urinalysis is ordered, the urine specimen can be obtained at this time. Correct positioning and draping is also essential.

Some tests frequently done prior to the physical examination might include the following:

- **Height and weight:** record all information accurately
- **Vital signs:** including TPR (temperature, pulse, respiration) and BP (blood pressure); record all information accurately
- **Vision screening:** test as previously instructed
- **Audiometric screening:** a special hearing test requiring additional training to administer
- **Blood tests:** various tests may be ordered by the physician
- **Electrocardiogram:** a test to check the electrical conduction pattern in the heart; performed if ordered by the physician

During the examination, be prepared to assist as necessary. Hand equipment to the physician as needed. Position the patient correctly for each part of the examination. Pay attention so that you are ready to help with each procedure.



Precaution

Standard precautions (discussed in Chapter 15:4) must be followed at all times while assisting with physical examinations. Hands must be washed frequently, and gloves must be worn if contact by blood or body fluids is likely. If splashing or spraying of blood or body fluids is possible, other personal protective equipment (PPE) such as a mask, eye protection, and/or a gown must be worn. Any instruments or equipment contaminated by blood or body fluids must be correctly cleaned and disinfected or sterilized after use. The medical assistant must always be aware of and take steps to prevent the spread of infection.

STUDENT: Go to the workbook and complete the assignment sheet for 21:4, Assisting with Physical Examinations. Then return and continue with the procedures.

21:4A

Eye, Ear, Nose, and Throat Examination

NOTE: This is a basic guideline. Methods and equipment will vary from physician to physician.

Equipment and Supplies

Tray covered with a towel, basin lined with a paper towel, cotton-tipped applicators, ophthalmoscope, otoscope, tuning fork, nasal speculum, tongue blades or depressors, flashlight or penlight, Snellen chart, culture tubes and slides (as needed), disposable gloves, infectious-waste bag, patient's chart, lab requisition forms, pen and/or computer

Procedure

1. Assemble equipment. Arrange the instruments on a Mayo stand or tray.
2. Wash hands. Put on gloves for any procedure that involves contact with blood or body fluids.



CAUTION: Observe standard precautions at all times.

Precaution

3.  Introduce yourself. Identify the patient. Explain the procedure. Remember that this procedure has multiple steps.

Comm

4. Screen for visual acuity with a Snellen chart, Jaeger card, and/or Ishihara plates as required. Record all results accurately.
5. Place the patient in a sitting position.

NOTE: If an eye, ear, nose, and throat examination (EENT) is the only examination being done, the patient can remain dressed.

6. Ask the patient to remove glasses and/or hearing aid(s). Tell the patient to place these items in a safe place.

NOTE: Hearing aids are sometimes *not* removed until the actual ear examination. This is particularly true if the patient cannot hear questions without a hearing aid.

7. Notify the physician that the patient is ready. Have disposable gloves available for the physician to use. The physician may put the gloves on at the start of the examination or at the point during the examination when contact with body fluids may occur.
8. Eyes are usually examined first. The physician may use a penlight or flashlight to examine the eyes and check whether the pupils of the eyes are the same size and whether they react to light. Then, turn the ophthalmoscope light on and hand the ophthalmoscope to the physician.

When the physician hands the ophthalmoscope back, turn the light off if the physician did not do so.

NOTE: Some physicians want the room light turned off during the eye examination.

9. The nose is usually examined next. Have the nasal speculum and penlight ready for use. Also have cotton-tipped applicators ready. If a culture is taken, handle the culture stick correctly.

NOTE: Refer to Procedure 20:2A, Obtaining a Culture Specimen, if necessary.

10. The ears are usually examined next. Pass the otoscope with its light on to the physician. Have a cotton-tipped applicator ready for use. When the examination is done, turn off the otoscope light. Place the otoscope tip in the towel-lined basin. If the physician wants to test hearing acuity, hand the physician the tuning fork. Hold the tuning fork in the middle so the physician can grasp it at the stem end. The physician will check auditory acuity (hearing) with the tuning fork (Figures 21-31A–C).
11. The mouth and throat are usually examined last. Pass the tongue blade or depressor by holding it in the center. Turn on the penlight and hand it to the physician, as needed.
12. Have culture sticks and tubes available. Hand these to the physician correctly.



CAUTION: Avoid contaminating the tip of the culture stick.

Safety

13. Take hold of the used tongue depressor in the center. Without touching either end, place it in the infectious-waste bag.
14. When the examination is complete, help the patient replace glasses, hearing aid(s), and so forth. Help the patient get off the examination table. Inform the patient of how and when he or she will be notified of test results.
15. Label all specimens correctly with the patient's name, identification number, and physician's name. Print all information on the lab requisition form or use a computer-generated label. This might include date, time, patient's name, address, identification number, physician's name and identification number, type or site of specimen, and test ordered. Send all specimens to the laboratory as soon as possible.
16.  Clean and replace all equipment. Put on gloves while disinfecting and sterilizing contaminated instruments or equipment. Put all contaminated disposable supplies in the infectious-waste bag. Use a disinfectant to wipe any contaminated areas.
17. Remove gloves and discard in an infectious-waste bag. Wash hands.

(continues)

21:4A (CONT.)



FIGURE 21-31A The physician places the vibrating tuning fork on the top of the head to ascertain whether both ears can hear the sound. Copyright © Cengage Learning®.

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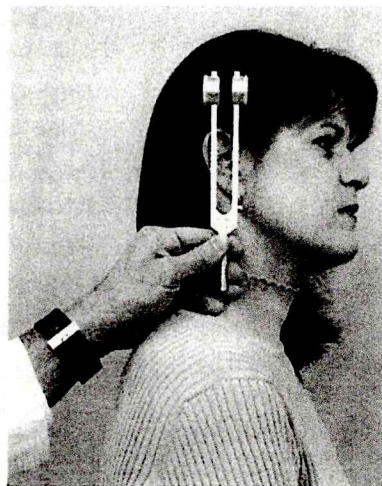


FIGURE 21-31B The physician can also test auditory acuity by placing the vibrating tuning fork about 1–2 inches away from each ear. Copyright © Cengage Learning®.

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FIGURE 21-31C The physician can also check bone conduction of sound by placing the tuning fork on the mastoid bone behind the ear. Copyright © Cengage Learning®.

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- 18.**  Record all required information on the patient's chart or enter it into the computer. For example: date, time, EENT examination, throat culture sent to lab, and your signature and title. Place a copy of any lab requisitions in the patient's chart. The physician sometimes records the required information.

Comm



Technology

computer.

NOTE: In health care agencies using electronic medical records (EMRs), also known as electronic health records (EHRs), the information is entered directly into the patient's record on a

PRACTICE: Go to the workbook and use the evaluation sheet for 21:4A, *Assisting with an Eye, Ear, Nose, and Throat Examination*, to practice this procedure. When you believe you have mastered this skill, sign the sheet and give it to your instructor for further action.



Check

FINAL CHECKPOINT: Using the criteria listed on the evaluation sheet, your instructor will grade your performance.

21:4B

Assisting with a Gynecological Examination

NOTE: The equipment and steps of this procedure can vary from physician to physician.

Equipment and Supplies

Tray covered with a towel, sheet or drape, patient gown, cotton-tipped applicators; sterile cotton-tipped applicators, gloves, lubricant, vaginal speculum, cervical spatulas (Ayer blades), cytology (cervical) brush or ThinPrep test kit, culture tubes, slides

and fixative, examining light, cotton balls, basin lined with a paper towel, tissues, infectious-waste bag, patient's chart, lab requisition forms, pen and/or computer

Procedure

1. Assemble equipment and arrange on a tray or Mayo stand (Figure 21-32).
2. Wash hands. Put on gloves.



Precaution

CAUTION: Gloves must be worn when any contact with vaginal secretions is possible.

21:4B (CONT.)



FIGURE 21-32 Basic equipment for a gynecological examination.

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3.  Introduce yourself. Identify the patient. Explain the procedure. Remember that this procedure has multiple steps.
Comm

4. Ask the patient to void. If a urinalysis is ordered, obtain the urine specimen at this time.

NOTE: An empty bladder makes it easier for the physician to palpate the uterus.

5. Ask the patient to remove all clothing and put on an examination gown. The gown is usually open in the front to facilitate the breast examination.

6. Make sure the extension of the examining table is pushed in or dropped down. Then assist the patient into a sitting position on the table. Use the drape to cover the patient's lap and legs.

7. Notify the physician that the patient is ready for examination.

8. The breasts are usually examined first. After the physician has examined the breasts, place the patient in the horizontal recumbent position. Drape correctly. The physician will usually complete the breast examination at this point.

NOTE: The patient should be taught how to do a breast self-examination, or BSE (refer to Figure 7-82). This can be done before or after the examination. Pamphlets describing the procedure, available from the American Cancer Society, can be given to the patient.

9. Place the patient in the lithotomy position. Drape correctly. Position the examining light for proper lighting.

10. Warm the vaginal speculum by placing it in warm water or rubbing it with a clean towel. Hand the speculum in the closed position to the physician. Have cotton-tipped applicators ready for use.

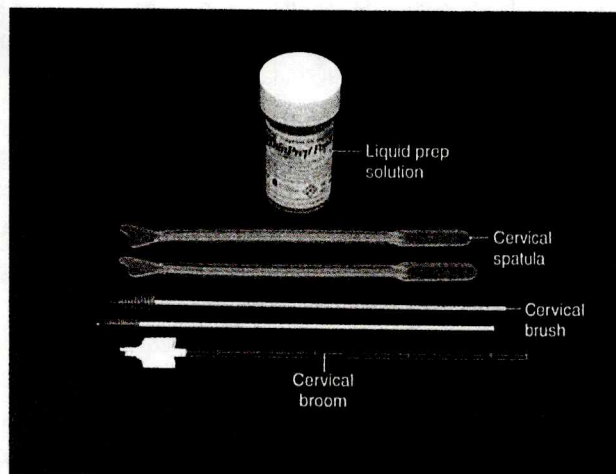


FIGURE 21-33 A cervical broom is usually used to perform a ThinPrep Pap smear, but some physicians use a cervical spatula.

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NOTE: Lubricant is not placed on the speculum because it can distort the shape of cervical cells for a Pap test and/or organisms if a culture is being obtained.

11. If a culture is to be taken, hand the sterile applicator to the physician. Take care to avoid contaminating the tip. Have the culture tube or slide available to receive the culture.
12. If a Pap test is to be done, hand the physician the cervical spatula (Ayer blade). Grasp the blade in the center and place the blunt end in the physician's hand. The V-shaped end is inserted in the patient by the physician.

NOTE: A cytology (cervical) brush may be used in place of or in addition to the cervical spatula. Again, grasp the brush in the center, with the brush end directed toward the patient, to hand the brush to the physician.

NOTE: If a ThinPrep Pap smear is being done, hand the physician the cytology (cervical) broom from the test kit (Figure 21-33).

NOTE: A Pap test is done to detect cancer of the cervix.

13. If a conventional Pap test is being performed:
 - a. Have a slide ready for use. The physician will place the smear on the slide or hand the cervical spatula or cytology brush to you. If the latter, spread the smear evenly and moderately thin on the slide.
NOTE: If the smear is too thick, the cells cannot be seen.
 - b. Put the cervical spatula or cytology brush in the infectious-waste bag.
 - c. Frequently, two or three slides are prepared: a cervical smear, a vaginal smear, and/or an endocervical smear.

(continue)

21:4B (CONT.)

Label each slide with the patient's name and place a *c* on the cervical slide, a *v* on the vaginal smear, and an *e* on the endocervical smear.

- d. Apply fixative to the slide(s). The fixative is usually a spray that is applied to the entire slide. Sometimes the entire slide is placed in a specimen jar containing fixative solution.

NOTE: Fixative makes the cells adhere (stick) to the slide until the slide is examined.

14. If a ThinPrep Pap test is being performed:
 - a. Grasp the cytology broom in the middle as the physician hands it to you.
 - b. Vigorously swish the cytology broom in the ThinPrep solution to wash the specimen off the brush.

NOTE: This suspends the entire specimen in the solution. At the laboratory, the solution will be processed to eliminate blood cells, mucus, and any other substances. The remaining cervical cells are then placed on a slide for examination. By eliminating other cells and debris, the slide can be read much more accurately by either a computerized or manual method.

 - c. Close the lid on the ThinPrep solution container.
 - d. Discard the cytology broom in an infectious-waste bag.

15. When the physician hands you the vaginal speculum, place it in the towel-lined basin. If it is disposable, place it in the infectious-waste bag.
16. The digital (finger) examination is usually done next. Place lubricant on the physician's gloved fingers without touching the gloves. The physician usually does a digital examination of both the vagina and rectum.
17. When the examination is complete, assist the patient out of the lithotomy position. Offer tissue to the patient to remove excess lubrication. Place the tissue in the infectious-waste bag. If no signs of weakness or dizziness are noted, help the patient get off the table.



Safety

CAUTION: Watch the patient closely to prevent falls.

18. Inform the patient how and when she will be notified of test results. Ask the patient to get dressed or assist with dressing if necessary.

19.  Completely label all cultures and slides with the patient's name, identification number, and physician's name. Print all information on the lab requisition form or use a computer-generated label. This might include date, time, patient's name, address, identification number, physician's name and identification number, type or site of specimen, test ordered, date of last menstrual period, and information on any hormone therapy. Be sure you have all required information before the patient leaves the office.

Comm

20. Send all specimens to the laboratory as soon as possible.

21.  Wear gloves while cleaning and sterilizing the speculum and any contaminated instruments or equipment. Put all contaminated disposable supplies in the infectious-waste bag. Use a disinfectant to wipe any contaminated areas.

Precaution

22. Remove gloves and discard in an infectious-waste bag. Wash hands.

23.  Record all required information on the patient's chart or enter it into the computer. For example: date, time, GYN examination, Pap smear sent to lab, and your signature and title. Place a copy of any lab requisitions in the patient's chart. The physician sometimes records the required information.

Comm



Technology

NOTE: In health care agencies using electronic medical records (EMRs), also known as electronic health records (EHRs), the information is entered directly into the patient's record on a computer.

PRACTICE: Go to the workbook and use the evaluation sheet for 21:4B, *Assisting with a Gynecological Examination*, to practice this procedure. When you believe you have mastered this skill, sign the sheet and give it to your instructor for further action.



Check

FINAL CHECKPOINT: Using the criteria listed on the evaluation sheet, your instructor will grade your performance.

21:4C

Assisting with a General Physical Examination

NOTE: The equipment and steps of this procedure can vary from physician to physician.

Equipment and Supplies

Tray or Mayo stand and cover, patient gown, drape or sheet, basin lined with paper towels, tissues, scale, Snellen chart, thermometer, stethoscope, sphygmomanometer, ophthalmoscope, otoscope, nasal speculum, tuning fork, tongue depressors, percussion hammer, new safety pin or sensory wheel, rectal speculum or proctoscope, Pap test kit and vaginal speculum (female), culture tubes, slides, fixative solution, sterile applicators, lubricant, alcohol swabs, gloves, penlight or examining light, infectious-waste bag, patient's chart, lab requisition forms, pen and/or computer

Procedure

1. Assemble equipment. Arrange equipment conveniently on the Mayo stand or tray (Figure 21-34).
2. Wash hands. Put on gloves or have gloves available for later use.



Precaution

CAUTION: Gloves must be worn anytime contact with blood or body fluids is possible. Observe standard precautions at all times.

3. Introduce yourself. Identify the patient. Explain the procedure. Remember that this procedure has multiple steps.



Comm

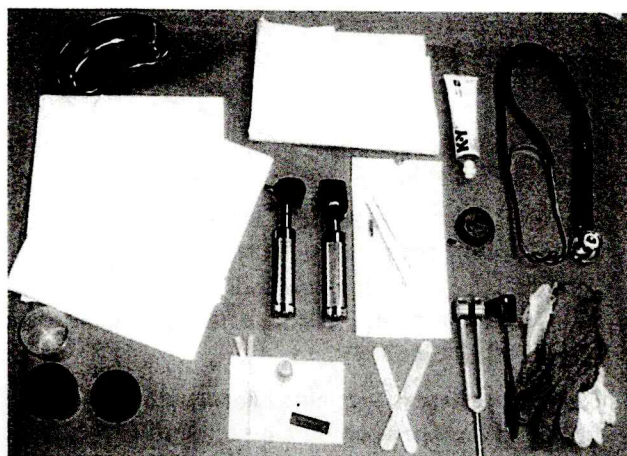


FIGURE 21-34 Equipment and supplies for a physical examination should be arranged in a convenient order. Copyright © Cengage Learning®.

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4. Ask the patient to remove all clothing and put on an examining gown. Ask the patient to void. If a urinalysis is ordered, collect the urine specimen at this time.
5. Do any of the required following procedures:
 - a. Record height and weight.
 - b. Take and record TPR (temperature, pulse, respiration) and/or BP (blood pressure).
 - c. Use a Snellen chart to test visual acuity; record results.
 - d. Check visual acuity with a Jaeger card and/or Ishihara plates; record results.
 - e. Perform an audiometric screening if ordered; record results.
 - f. Run an electrocardiogram if ordered.
 - g. Obtain all required blood samples for tests ordered.
6. Seat the patient on the examining table. Drape the patient correctly.
7. Notify the physician that the patient is ready.
8. Assist with eye, ear, nose, and throat examination as previously instructed.
9. Give the physician the stethoscope and/or sphygmomanometer. Remain quiet while the patient's heart and lungs are examined.

NOTE: The physician may check the blood pressure.

NOTE: The physician may also do an initial examination of the breasts, legs, and feet.

10. Place the patient in the horizontal recumbent or supine position. Drape correctly.
11. The physician will examine the chest and abdomen. Draw the drape down to the pubic area. Replace the drape after the abdomen has been examined.
12. The legs and feet are examined next. Have the percussion hammer ready. In addition, have an open new safety pin or sensory wheel ready in case the physician wants to use it to check sensation in the feet.
13. The back and spine are usually examined next. Turn the patient to the prone position and let the drape hang loose. Assist as needed.

NOTE: The back and spine can also be examined with the patient in a sitting position.
14. On a female patient, a vaginal examination is usually done next. Put the patient in the lithotomy position. Drape correctly. Assist as taught for a gynecological examination. The male patient can be placed in the horizontal recumbent position for a genital organ examination.

(continues)

21:4C (CONT.)

NOTE: Male patients should be taught how to do a testicular self-examination. This can be done at this point or at the end of the examination.

15. The rectal area is examined last in most cases. A female can be examined while still in the lithotomy position or in the Sims' position. A male is usually placed in the Sims' position. Hand gloves and lubricant to the physician, as needed. Have the rectal speculum or anoscope in a closed position ready for use. If the physician wants to check fecal occult blood, put on gloves. Hand guaiac paper to the physician.

NOTE: The physician will place a small amount of fecal material on the guaiac paper. To test the paper, add one to two drops of hemoccult developing solution to the paper. A color change indicates the presence of blood in the stool.



CAUTION: Gloves must be worn any time contact with fecal material is possible.

Precaution

16. When the examination is complete, assist the patient into a sitting position on the examination table. Allow the patient to rest for a few minutes. If no signs of weakness or dizziness are noted, help the patient get off the table. Inform the patient how and when he or she will be notified of test results. Ask the patient to get dressed or assist with dressing if necessary.



Safety

17. Label all specimens and cultures with the patient's name, identification number, and physician's name. Print

all information on the lab requisition form(s) or use a computer-generated form. This might include date, time, patient's name, address, identification number, physician's name and identification number, type or site of specimen, and test ordered. Send specimens to the laboratory as soon as possible.

18.



Precaution

Wear gloves while cleaning and sterilizing any contaminated instruments or equipment. Put all contaminated disposable supplies in the infectious-waste bag. Use a disinfectant to wipe any contaminated areas.

19. Remove gloves and discard in an infectious-waste bag. Wash hands.

20.



Comm

Record all required information on the patient's chart or enter it into the computer. For example: date, time, physical examination, throat culture and Pap smear sent to laboratory, and your signature and title. Place a copy of any lab requisition forms in the patient's chart. The physician sometimes records the required information.

PRACTICE: Go to the workbook and use the evaluation sheet for 21:4C, Assisting with a General Physical Examination, to practice this procedure. When you believe you have mastered this skill, sign the sheet and give it to your instructor for further action.



Check

FINAL CHECKPOINT: Using the criteria listed on the evaluation sheet, your instructor will grade your performance.

21:5 Assisting with Minor Surgery and Suture Removal

As a health care worker, you may be required to prepare for and assist with minor surgery or suture removal in a medical, dental, or health care facility. Minor surgery includes removing warts, cysts, tumors, growths, or foreign objects; performing biopsies of skin growths or tumors; suturing wounds; incising and draining body areas; and other similar procedures.

Instruments and equipment used depend on the type of surgery or procedure being done. Some basic

instruments and supplies that may be used (Figure 21-35) include the following:

- **Scalpels:** instruments with a handle attached to knife blades; used to incise (cut) skin and tissue; disposable scalpels with a protective retractable blade to prevent sharps injuries are also available for use (Figure 21-36, p. 717)
- **Surgical scissors:** special scissors with blunt ends or sharp points or a combination; identified as sharp-sharp, sharp-blunt, or blunt-blunt; used to cut tissue
- **Hemostats:** special group of curved or straight instruments, usually striated at the ends; used to compress (clamp) blood vessels to stop bleeding or grasp tissue

CHAPTER 21:4 ASSISTING WITH PHYSICAL EXAMINATIONS

ASSIGNMENT SHEET

Grade _____ Name _____

INTRODUCTION: Assisting with examinations will be part of the medical assistant's responsibilities. This assignment will help you review some of the key points of this procedure.

INSTRUCTIONS: Read the information on Assisting with Physical Examinations. In the space provided, print the word(s) that best completes the statement or answers the question.

1. Name the main areas examined in each of the following examinations.
 - a. EENT:
 - b. GYN:
 - c. general physical:
2. Why is a Papanicolaou test performed?
3. Identify the following techniques used during a physical examination.
 - a. Physician uses hands and fingers to feel various parts of the body:
 - b. Physician uses fingers to tap various body parts and listen to sounds emitted:
 - c. Physician looks at patient closely:
 - d. Physician uses stethoscope to listen to sounds produced by body organs:
4. Why is it important for the patient to void (urinate) before a physical examination?
5. List five (5) tests that may be performed before the physical examination is done.
6. List the use of each of the following pieces of equipment.
 - a. ophthalmoscope:
 - b. otoscope:
 - c. tuning fork:
 - d. laryngeal mirror:
 - e. percussion (reflex) hammer:
 - f. cervical spatula (Ayer blade):
 - g. rectal speculum:
 - h. sigmoidoscope:
7. Why is it important to explain all procedures to a patient while preparing the patient for a physical examination?
8. List three (3) specific standard precautions that must be followed at all times while assisting with a physical examination.

